

	<h1 style="margin: 0;">NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT</h1> <p style="margin: 0;">Entered data must meet 28 CFR Part 23 guidelines.</p>				TYPE OF REPORT*	
	<input type="checkbox"/> Lab Seizure <input type="checkbox"/> Chem/Glassware/Equip Seizure (Only) <input type="checkbox"/> Dumpsite Seizure (Only)					
I Reporting Office (An asterisk symbol (*) indicates a mandatory field)						
Seizure Date* (MMDDYYYY)		Agency*		ORI*		Agency City*
Agency State*	Case or File Number*		File Title			
Reporting Officer/Agent Name* (First, Last)				Telephone Number* ()		COPS Number (DEA 'S' Number)
II Seizure Location* (Check one – put additional information in Remarks Section)						
<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Family Dwelling	<input type="checkbox"/> Storage Locker	<input type="checkbox"/> Business		
<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Open – No Structure	<input type="checkbox"/> Other – Describe:		
III Seizure Neighborhood (Check most appropriate)						
<input type="checkbox"/> Commercial/Industrial		<input type="checkbox"/> Rural		<input type="checkbox"/> Suburban		<input type="checkbox"/> Urban
<input type="checkbox"/> Public Land – Name:				<input type="checkbox"/> Other – Describe:		
IV Estimated Lab Capacity (Based on seized chemicals, glassware, and equipment on site) (Mandatory if lab seizure is checked)						
<input type="checkbox"/> Under 2 Oz.	<input type="checkbox"/> 2 – 8 Oz.	<input type="checkbox"/> 9 Oz. – 1 Lb.	<input type="checkbox"/> 2 – 9 Lbs.	<input type="checkbox"/> 10 – 19 Lbs.	<input type="checkbox"/> 20 Lbs. or Greater	
V Laboratory Status (Check all that apply) (Mandatory if lab seizure is checked)						
<input type="checkbox"/> Operational – Not in Production		<input type="checkbox"/> Abandoned		<input type="checkbox"/> Explosion/Fire		
<input type="checkbox"/> Operational – In Production		<input type="checkbox"/> Boxed/Dismantled		<input type="checkbox"/> Other – Describe:		
VI Lab Manufacturing Process (Check ONLY one)						
<input type="checkbox"/> Ephedrine/Red "P"/Hydriodic Acid Reduction and/or Iodine Reduction		<input type="checkbox"/> Ephedrine/Lithium, Sodium or Potassium/Anhydrous Ammonia (Nazi/Birch)		<input type="checkbox"/> Ephedrine Tablet Extraction		
<input type="checkbox"/> Pseudoephedrine/Red "P"/Hydriodic Acid and/or Iodine Reduction		<input type="checkbox"/> Pseudoephedrine/Lithium, Sodium or Potassium/Anhydrous Ammonia (Nazi/Birch)		<input type="checkbox"/> Pseudoephedrine Tablet Extraction		
<input type="checkbox"/> P2P/Methylamine		<input type="checkbox"/> Hydriodic Acid Manufacturing		<input type="checkbox"/> Ice Conversion		
<input type="checkbox"/> Hydrogenation		<input type="checkbox"/> Anhydrous Ammonia Manufacturing		<input type="checkbox"/> Other – Describe:		
VII Laboratory Equipment (Continue in Remarks)						
<input type="checkbox"/> Homemade/Improvised		<input type="checkbox"/> Professional/Retail		Store Name: City:		
VIII Laboratory Type (Check all that apply)						
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Tablet Extraction	<input type="checkbox"/> Anhydrous Ammonia	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Ice Conversion		
<input type="checkbox"/> Hydriodic Acid	<input type="checkbox"/> GHB	<input type="checkbox"/> MDMA	<input type="checkbox"/> Methcathinone	<input type="checkbox"/> PCP		
<input type="checkbox"/> Other – Describe:						
IX Seizure/Laboratory Address						
Street #		Dir (E,S, etc.)	Street Name		Suffix (St. Ave., etc.)	Unit # (Apt) Box #
City		County*	State*	Zip Code	Latitude/Longitude	
X Chemist and Cleanup Personnel*						
Chemist on Site		Hazmat Contractor Utilized	Name of Hazmat Contractor		Evaluation of Hazmat Contractor	
<input type="checkbox"/> None	<input type="checkbox"/> State/Local	<input type="checkbox"/> DEA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor ** **(Provide details in Remarks Section)	
XI Persons Affected (Children are mandatory – indicate 0 when none were affected) (Check all that apply and indicate number)						
Total Children Affected (#)		Child Injured (#)		Child Killed (#)		Law Enforcement Injured (#)
Law Enforcement Killed (#)		Suspect Injured (#)		Suspect Killed (#)		
Other – Describe:						

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT!- CONTINUED											
XII Weapons/Explosives Seized (Check all that apply and continue in Remarks Section)											
Type (Handgun, Rifle, etc.)		Number		Serial No.		Description (Make, Model, & Caliber)					
Booby Trap – Describe:											
XIII Quantity of All Drugs Seized at Lab Site (Check all that apply/Specify amount & unit of measure)											
<input type="checkbox"/>	Amphetamine	Amt	<input type="checkbox"/>	LSD	Amt	<input type="checkbox"/>	Methcathinone	Amt			
<input type="checkbox"/>	Cocaine	Amt	<input type="checkbox"/>	MDMA	Amt	<input type="checkbox"/>	PCP	Amt			
<input type="checkbox"/>	GHB/GBL	Amt	<input type="checkbox"/>	Methamphetamine	Amt	<input type="checkbox"/>	Other – Describe:	Amt			
XIV Precursor/Chemical Source (If more than one precursor, continue in Remarks Section)											
Specify Precursor:			Source:		<input type="checkbox"/> Chemical Company	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Retail Outlet	<input type="checkbox"/> Internet			
Store Name:			City:		State:		Country:		Other – Describe:		
XV Precursor Agents/Catalysts/Solvents/Reagents Seized (Check all that apply/Specify unit of measure)											
Precursor Agents (If Ephedrine or Pseudoephedrine is selected, Packaging category is mandatory)											
<input type="checkbox"/> Ephedrine Amt				<input type="checkbox"/> Pseudoephedrine Amt							
Packaging:*	<input type="checkbox"/> Unknown	<input type="checkbox"/> Powder	<input type="checkbox"/> Tablets	<input type="checkbox"/> Blister Packs	Packaging:*	<input type="checkbox"/> Unknown	<input type="checkbox"/> Powder	<input type="checkbox"/> Tablets	<input type="checkbox"/> Blister Packs		
Source:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico		Source:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico			
Brand Name(s):								NOTE: Brand Names and Lot Numbers for chemicals other than ephedrine and pseudoephedrine should be entered in the Remarks Section.			
Lot Number(s):											
<input type="checkbox"/>	Benzaldehyde	Amt	<input type="checkbox"/>	GBL	Amt	<input type="checkbox"/>	Piperidine	Amt			
<input type="checkbox"/>	Benzylchloride	Amt	<input type="checkbox"/>	Methylamine	Amt	<input type="checkbox"/>	P2P	Amt			
<input type="checkbox"/>	Benzylcyanide	Amt	<input type="checkbox"/>	Phenylpropanolamine	Amt	<input type="checkbox"/>	Other	Amt			
Catalysts/Solvents/Reagents											
<input type="checkbox"/>	Acetone	Amt	<input type="checkbox"/>	Hydriodic Acid (HI)	Amt	<input type="checkbox"/>	PCC	Amt			
<input type="checkbox"/>	Alcohol	Amt	<input type="checkbox"/>	Hydrochloric Acid (Muriatic)	Amt	<input type="checkbox"/>	Phenylacetic Acid	Amt			
<input type="checkbox"/>	Aluminum	Amt	<input type="checkbox"/>	Hydrogen Chloride Gas	Amt	<input type="checkbox"/>	Potassium Metal	Amt			
<input type="checkbox"/>	Anhydrous Ammonia	Amt	<input type="checkbox"/>	Hydrogen Gas	Amt	<input type="checkbox"/>	Potassium Permanganate	Amt			
<input type="checkbox"/>	Benzene	Amt	<input type="checkbox"/>	Hydrogen Peroxide	Amt	<input type="checkbox"/>	Red Phosphorus	Amt			
<input type="checkbox"/>	Bromobenzene	Amt	<input type="checkbox"/>	Hypophosphorous Acid	Amt	<input type="checkbox"/>	Sodium Chloride (Salt)	Amt			
<input type="checkbox"/>	Caustic Soda	Amt	<input type="checkbox"/>	Iodine (Crystals)	Amt	<input type="checkbox"/>	Sodium Cyanide	Amt			
<input type="checkbox"/>	Charcoal Lighter Fluid	Amt	<input type="checkbox"/>	Iodine (Tincture)	Amt	<input type="checkbox"/>	Sodium Dichromate	Amt			
<input type="checkbox"/>	Chloroform	Amt	<input type="checkbox"/>	Lithium Metal	Amt	<input type="checkbox"/>	Sodium Hydroxide (Lye)	Amt			
<input type="checkbox"/>	Chromium Trioxide	Amt	<input type="checkbox"/>	Magnesium	Amt	<input type="checkbox"/>	Sodium Metal	Amt			
<input type="checkbox"/>	Coleman/Camping Fuel	Amt	<input type="checkbox"/>	Mercuric Chloride	Amt	<input type="checkbox"/>	Sulfuric Acid	Amt			
<input type="checkbox"/>	Cyclohexanone	Amt	<input type="checkbox"/>	Methanol	Amt	<input type="checkbox"/>	Thionyl Chloride	Amt			
<input type="checkbox"/>	Ether	Amt	<input type="checkbox"/>	Methyl Ethyl Ketone (MEK)	Amt	<input type="checkbox"/>	Toluene	Amt			
<input type="checkbox"/>	Freon	Amt	<input type="checkbox"/>	Methylsulfonylmethane (MSM)	Amt	<input type="checkbox"/>	Other	Amt			
<input type="checkbox"/>	Grignard	Amt	<input type="checkbox"/>	Naptha	Amt						
XVI Criminal Affiliation (If applicable)											
<input type="checkbox"/>	Asian Org	<input type="checkbox"/> Mexican Org	<input type="checkbox"/> Militia Group	<input type="checkbox"/> Outlaw Motorcycle Gang	<input type="checkbox"/> Traditional Organized Crime	<input type="checkbox"/> Middle Eastern Group					
Other – Describe:				Organization/Gang/Group Name:							
USE ADDITIONAL PAGES AS NECESSARY – LOCAL REPRODUCTION AUTHORIZED											

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT!- CONTINUED																						
XVII		Suspect/Criminal Business/Criminal Vehicle Information																				
Suspect #1 Information																						
Last Name (Paternal)					Last Name (Maternal)					First Name					Middle Name							
Alias/Moniker										Generation (Jr, Sr, etc.)		<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	Race			Nationality (US, MX, etc.)			
DOB (MMDDYYYY)					Alt DOB (MMDDYYYY)					Height		Weight (Lbs)		Hair Color		Eye Color		Arrested	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Phone Type		<input type="checkbox"/>	Regular		<input type="checkbox"/>	Cell		<input type="checkbox"/>	Pager		Phone Number ()											
Suspect Residence Information																						
Street Number					Dir. (E,S, etc.)			Street Name							Unit # (Apt)			Box #				
City					County							State		Country			Zip Code					
Involvement (Role) and Identification Numbers																						
<input type="checkbox"/>		Cook/Chemist			<input type="checkbox"/>	Enforcer			<input type="checkbox"/>	Smuggler			<input type="checkbox"/>	Chemical Courier			<input type="checkbox"/>	Criminal Associate				
<input type="checkbox"/>		Distributor			<input type="checkbox"/>	Financier			<input type="checkbox"/>	Broker			<input type="checkbox"/>	Other – Describe:								
Social Security Number										Driver License Number/State												
FBI Number										Alien Registration Number												
NADDIS Number										Other Numbers												
Suspect #2 Information																						
Last Name (Paternal)					Last Name (Maternal)					First Name					Middle Name							
Alias/Moniker										Generation (Jr, Sr, etc.)		<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	Race			Nationality (US, MX, etc.)			
DOB (MMDDYYYY)					Alt DOB (MMDDYYYY)					Height		Weight (Lbs)		Hair Color		Eye Color		Arrested	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Phone Type		<input type="checkbox"/>	Regular		<input type="checkbox"/>	Cell		<input type="checkbox"/>	Pager		Phone Number ()											
Suspect Residence Information																						
Street Number					Dir. (E,S, etc.)			Street Name							Unit # (Apt)			Box #				
City					County							State		Country			Zip Code					
Involvement (Role) and Identification Numbers																						
<input type="checkbox"/>		Cook/Chemist			<input type="checkbox"/>	Enforcer			<input type="checkbox"/>	Smuggler			<input type="checkbox"/>	Chemical Courier			<input type="checkbox"/>	Criminal Associate				
<input type="checkbox"/>		Distributor			<input type="checkbox"/>	Financier			<input type="checkbox"/>	Broker			<input type="checkbox"/>	Other – Describe:								
Social Security Number										Driver License Number/State												
FBI Number										Alien Registration Number												
NADDIS Number										Other Numbers												
Suspect #3 Information																						
Last Name (Paternal)					Last Name (Maternal)					First Name					Middle Name							
Alias/Moniker										Generation (Jr, Sr, etc.)		<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	Race			Nationality (US, MX, etc.)			
DOB (MMDDYYYY)					Alt DOB (MMDDYYYY)					Height		Weight (Lbs)		Hair Color		Eye Color		Arrested	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Phone Type		<input type="checkbox"/>	Regular		<input type="checkbox"/>	Cell		<input type="checkbox"/>	Pager		Phone Number ()											
Suspect Residence Information																						
Street Number					Dir. (E,S, etc.)			Street Name							Unit # (Apt)			Box #				
City					County							State		Country			Zip Code					
USE ADDITIONAL PAGES AS NECESSARY – LOCAL REPRODUCTION AUTHORIZED																						

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT!- CONTINUED																	
Involvement (Role) and Identification Numbers																	
<input type="checkbox"/>	Cook/Chemist	<input type="checkbox"/>	Enforcer	<input type="checkbox"/>	Smuggler	<input type="checkbox"/>	Chemical Courier	<input type="checkbox"/>	Criminal Associate								
<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Financier	<input type="checkbox"/>	Broker	<input type="checkbox"/>	Other – Describe:										
Social Security Number					Driver License Number/State												
FBI Number					Alien Registration Number												
NADDIS Number					Other Numbers												
Criminal Business Information (Include all a.k.a.'s)																	
Business Name:																	
Street Number			Dir. (E, S, etc.)		Street Name				Unit # (Apt)		Box #						
City			County			State		Country		Zip Code							
Phone Type		<input type="checkbox"/>	Regular		<input type="checkbox"/>	Cell		<input type="checkbox"/>	Fax		Phone Number ()						
NADDIS Number					Other Numbers (<i>TECS, Case, etc.</i>)												
Criminal Vehicle Information (If applicable)																	
License Plate Number				Temporary License Plate #				State		Country		Seized		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
VIN Number					Type (Car, SUV, Pickup, etc.)				Make								
Model				Year		Owner Type		<input type="checkbox"/>	Privately Owned		<input type="checkbox"/>	Rental	<input type="checkbox"/>	Other			
XVIII DEA Reporting Only																	
GDEP Identifier		<input type="checkbox"/>	Special Operations Division Supported Case				DEA Office Identifier and Case Number if other than Reporting Office										
Special Agent's Name* (First, Last)								Phone #* ()									
<input type="checkbox"/>	Yes		<input type="checkbox"/>	No		Acknowledgement that the Clan Lab Seizure has been reported to CCF via a standard seizure form and submitted to the Division Asset Removal Group for processing and input into the Consolidated Asset Tracking System.											
XIX Remarks Section																	
CLSS Help Desk			UNCLASSIFIED FAX:			CLASSIFIED FAX:			E-mail Address			MAILING ADDRESS					
1-888-USE-EPIC 873-3742 (Option 7)			(915) 760-2913			(915) 760-2538			clss@epicmail.riss.net			El Paso Intelligence Center ATTN: Clan Lab 11339 SSG Sims Street El Paso, Texas 79908-8098					
USE ADDITIONAL PAGES AS NECESSARY – LOCAL REPRODUCTION AUTHORIZED																	